REPORTS OF SOCIETIES.

CLINICAL SOCIETY OF LONDON.

FRIDAY, MARCH 25TH.

JAMES PAGET, Esq., F.R.S., President, in the Chair.

MR. CHRISTOPHER HEATH narrated five cases of Imperforate Anus upon which he had been called to operate within the last two years. The first and fourth (both males) were examples of an anal *cul-de-sac* with termination of the rectum about an inch from the surface. In both cases the bowel was reached, in the first being drawn down and stitched to the margin; but both children sank, and in the last case the peritoneum was found to have been opened. The second case was the male child of a medical man; there was no anus, but merely a dimple in the skin. Mr. Heath reached the bowel after cutting through some very dense structure, but was unable to draw it down to the skin. The child has thriven, and is now two years old. It has a bougie passed occasionally, and there is no great tendency to contraction. The third case was in a female child, 13 months old when brought to Mr. Heath in 1868. There was no anus, but a small opening into the vagina, through which fæces escaped with difficulty and in small quantity. An attempt had been made to establish an anus in the proper situation soon after birth, but without any good result. Mr. Heath repeated the attempt, but, failing to give relief to the distension of the abdomen, afterwards divided the perinæum, and opened freely into the rectum from the vagina. The child recovered its health, and did well until last month, when it died somewhat suddenly with symptoms of enteritis.—Mr. WILLETT had operated on several cases. In one, he passed a trocar without difficulty in a child a week old; but it died the same evening. In a girl thirteen years old, he had made a minute opening in the vagina, and stitched the bowel to the integument. He would in future, however, make deep cuts, and not put the stitches through the integument only, as in this case the sutures cut their way through. This patient wore a bougie at night, and required a laminaria tent to be passed occasionally. Mr. Willett mentioned another case which had just proved fatal under his care.—Mr. T. SMITH always recommended a tube to be passed every night. He had seen a class of cases in which there was a ring between the bowel and the anus, which could be forced by the finger, but, unless attended to, soon contracted. The bowel might be brought down and stitched; but these cases did not do well. He had for the last few years, in children with no anus, but a recto-vaginal fistula, freely laid open the perinæum. Great relief had followed in these cases.—Mr. CALLENDER remarked that bleeding had occurred several times in his experience, and in one case with a fatal result. Another difficulty he had found was getting rid of the fæces in the lower bowel. There is always, in cases of imperforate anus, deficiency of the levator ani muscle, and loss of the muscular power of the rectum.—Mr. PAGET said that the failures were more numerous than the successes. He had under his care a patient upon whom he had operated fourteen years ago. There was an opening by the vagina at birth. He had made an artificial opening where the anus should have been, and had kept it patent ever since. There was no passage through the vagina, unless when the fæces were fluid. He asked whether a patient with imperforate anus, who had been operated on, had ever lived to the age of thirty. He referred to the case of a female who for seventeen years had an opening between the vagina and rectum; but the collection in the gut became enormous. The rectum in these cases forms a large pouch, communicating by a very small opening with the colon; and it was so in this case. He dilated the opening, and scooped out masses of very hard fæces and crystallised triple phosphate. It finally emptied itself, and now the patient passes the fæces through the vaginal opening. He had treated ten to fifteen cases, and these were the only two cases which had proved so far successful.

Dr. DUCKWORTH communicated a case of the True Keloid of Alibert which had been under his observation for two years. It was illustrated by a coloured plaster cast and a water-colour sketch. The points of interest in the case were that it occurred in a male, aged 65, and had been growing slowly for thirty-six years; that it occupied the sternal region, a locality affected in nearly half of the recorded cases; and that no cause of any kind was assigned as a starting-point for the disease. The case agreed remarkably with several that had been carefully observed and described, and Dr. Duckworth expressed his belief that we were in possession of sufficient facts to warrant the distinction of these cases, originally made by Alibert, into true or spontaneous, and false or cicatricial, keloid. Mr. Hutchinson had lately asserted, in the BRITISH MEDICAL JOURNAL, that Alibert's keloid was a disease of scars and not of skin, and that the affection was scarcely ever met with in adults or in elderly persons, excepting with a short history, and that after reaching a climax of growth it commenced to soften and lose its irritability. This case appeared to disprove these statements, since it afforded the longest history of true keloid yet recorded, and the growth continued to enlarge and cause, perhaps, more pain and discomfort each year. Mr. Hutchinson's observations seemed solely to apply to the spurious or cicatricial form of the disease.—Dr. Duckworth stated, in answer to Mr. Richard Davy, that several microscopical examinations of these cases had been made; and the disease was found to consist of wavy fibrous tissue with spindle-shaped cells, and numerous large bundles of nerves.

Dr. HANDFIELD JONES related a case of Fatal Epileptic Stupor occurring in a young woman who had been admitted into St. Mary's Hospital in a state of unconsciousness. In the absence of any history, diagnosis was at first difficult. She had bed-sores; no decided paralysis; increased temperature; quiet respiration; no spots; the urine was not albuminous, and was deficient in uric acid. She died in asthenia twenty-five days after admission, and the autopsy showed chiefly an atrophied brain with much arachnoid and ventricular fluid. Three relatives had died insane or epileptic; she had suffered from epilepsy and from mania lasting one month, and a fit had occurred two months prior to the last seizure. It was considered that the encephalon was either originally imperfectly developed or had undergone atrophic change, and that the fluid in the arachnoid and ventricles was complementary. The stupor was probably consecutive to an epileptic paroxysm.—Dr. LEARED brought forward the case of a gentleman who was seized with epileptoid fits after an attack of apoplexy. The fits were so protracted that apparent death from apnœa ensued on six occasions, and the patient was restored to animation each time by Silvester's method of artificial respiration. The duration of apnœa after a fit was on one occasion two minutes and a half, and the length of the fit itself was certainly not less, during which, also, respiration was in complete abeyance from spasm of the glottis. There was therefore a period of complete apnœa of five minutes. By the aid of bleeding from the arm and the subcutaneous injection of bromide of potassium, he improved so much that he survived five days, during which he was at times able to converse rationally with members of his family. He died at length from asthenia. As a last resource ammonia was injected into a vein, but with no good result.—Dr. JONES, in reply to Dr. Powell, stated that the temperature was 102 to 103 deg., but that there was not any other evidence of inflammation.—Dr. BEIGEL asked if a patient, because he died in convulsions, died of epilepsy. He did not think the case of Dr. Jones was one of epilepsy. He considered that there was enough to account for the convulsions. These were not, he considered, cases of epilepsy.—Dr. JONES thought his case was one of cerebral hæmorrhage.—Dr. BUZZARD had seen the case. The interest was in the difficulty of diagnosis. He had difficulty in recognising the benefit of artificial respiration in cases of cerebral effusion of blood. The asphyxia was perhaps caused by spasm of the laryngeal muscles from cerebral irritation; and, the venous blood being got rid of by artificial respiration, a further effusion of blood perhaps took place after this. The bromide of potassium, used subcutaneously, was a valuable means of treating patients when unable to swallow.

MEDICAL SOCIETY OF LONDON.

MONDAY, MARCH 14TH, 1870.

JOHN GAY, Esq., President, in the Chair.

MR. CLEMENT GODSON exhibited a very convenient Obstetric Bag made by Arnold of Smithfield. It carried all the necessary instruments for every kind of obstetric operation, conveniently packed in small compass in each side, while in the centre were cases for bottles to hold ammonia, brandy, etc.

Mr. HENRY SMITH exhibited the Head of a Femur, given to him by Mr. Price of Margate, from a case of strumous disease of the hip-joint, with abscess, in a lad of 15. The head of the bone came away in one of the poultices, the patient making a good recovery, with fair movement in the limb.

Dr. GREENHALGH showed a long Funis, on which were found two knots. The child was a small one, but living.—Mr. PETER MARSHALL had met with a similar case.—Dr. RICHARDSON and Mr. JABEZ HOGG thought that the knots were formed during birth.—Dr. ROUTH mentioned instances of amputation of limbs *in utero* by their becoming tied in the funis.

A vote of thanks, proposed by Dr. Routh, and seconded by Mr. Weeden Cooke, was accorded to the retiring President and officers of the Society, and was acknowledged by Mr. Marshall.

The PRESIDENT gave his Inaugural Address, in which he took a survey of the rise and progress of the Society, from its origin in 1773 to the present date.

Dr. RICHARDSON made a communication on the production of Rapid General Anæsthesia for Short Operations, and introduced a new anæsthetic compound. Within the past two or three years, a practice had been followed of producing quick insensibility, which should be followed by equally quick recovery. Two agents had been employed for this purpose; (*a*) nitrous oxide gas; (*b*) bichloride of methylene. Dr. Richardson said, with regard to nitrous oxide gas, that an agent which excluded all atmospheric air during inhalation, which produced perfect asphyxia, which required for its administration cost and troublesome apparatus, and which, if administered beyond a given period, even for a few seconds, must of a necessity kill, was a bad anæsthetic agent. Respecting bichloride of methylene, though it was hard to speak against any application of a remedy which he had himself introduced, but he must say that he was not favourably impressed with the application of bichloride for quick general anæsthesia. It was rapid in its action; it answered the end in view; and it had been used for rapid inhalation many times. But the bichloride of methylene belonged to a dangerous family of chemical substances. As it contained an equivalent of chlorine less than chloroform, it was materially safer, but the safety was relative only. Under these impressions, the author had recently reviewed experimentally the action of the whole of the more promising anæsthetic fluids and vapours, including chloride of methyl, bichloride of methylene, amylene, hydride of methyl, ethylic ether, methylic ether, and some others. He had decided in favour of methylic ether for rapid anæsthesia. The anæsthetic properties of methylic ether were first discovered by Dr. Richardson in 1867, and the substance had been reported upon by him in two reports to the British Association for the Advancement of Science. On the 20th of May, 1868, he inhaled it, for the first time, himself; Dr. Sedgwick and Mr. Peter Marshall administering it to him. He was narcotised completely in one minute, was unconscious in 70 seconds, and recovered almost instantaneously, without nausea, headache, or other unpleasant symptom. From that time, he had been in the habit of narcotising occasionally with methylic ether, and, recently, with marked success. The ether is a gas even below zero; it has an ethereal odour; it is chemically an oxide of the radicle methyl; its vapour density is 23, taking hydrogen as unity; and it burns in air. The gas is very soluble in various substances. Water takes up 37 volumes, yielding an ethereal fluid of very pleasant taste. Pure ethylic ether and alcohol take up over 100 volumes; and chloroform and bichloride of methylene nearly as much. For practical purposes, the author preferred absolute ethylic ether of specific gravity 720, and boiling point of 920 Fahr., as the solvent. The ether is charged with the gas at a temperature of 32 deg. Fahr., and the compound is at once bottled and firmly corked down. It should be kept for a time before being used, the process of keeping producing a comparatively stable compound. In using this compound, which he proposed to call methyl-ethylic ether, Dr. Richardson employed the simple mouth-piece invented by Mr. Rendle, and made merely of leather. He was adding to this a reserve bag, in order to conserve the ether. From one to two drachms might be put into the inhaler for quick narcotisation. Dr. Richardson next described cases in which the methyl-ethylic ether had been administered for the extraction of teeth. In eleven cases, the whole operation, from commencement of the inhalation to the complete recovery, was under three minutes; in several cases, one minute was sufficient; while, in two cases, forty-five seconds sufficed. In no case was there spasm, syncope, or asphyxia during inhalation, or any after nausea; and in all cases there was semiconsciousness. Methyl-ethylic ether produced no excitation of the nervous centres which supply the vascular system, as chloroform did, and consequently there was absence of muscular spasm, of contraction of blood-vessels, and of syncope from fatal contraction of the heart. When it was carried to the extent of arresting life in the inferior animals, it produced death by paralysing the organic nervous centres. This result was preceded by convulsive action similar to that which is seen in death from hæmorrhage. So well, however, did the heart still retain its power that, in a guinea pig, the respiration returned, *spontaneously*, in pure air, four minutes and forty-five seconds after it had ceased.

PATHOLOGICAL SOCIETY OF DUBLIN.

SATURDAY, APRIL 2ND.

GEORGE H. PORTER, M.D., President, in the Chair.

Dr. E. H. BENNETT showed a specimen of Impaction of a Calculus in the Left Ureter. The obstruction had produced extreme dilatation of the pelvis, infundibula, and calices of the kidney. In the areolar tissue at the upper and lower extremities of the organ, one or two small abscesses were found, which were probably the result of local irritative action. The calculus consisted exclusively of oxalate of lime. Dr. Bennett ascribed the absence of any deposition of ammoniaco-magnesian phosphate to the healthy state of the mucous membrane in the vicinity of the calculus. A cyst was found on the posterior aspect of the kidney, its contents being of the usual serous character. The dilated pelvis, on the other hand, was filled with undoubted urine. The remainder of the urinary tracts was healthy.

Mr. WHITE presented a large Plate of Bone which had separated by Exfoliation from the Cranium in consequence of a severe burn. The patient, a woman 45 years of age, had incautiously approached a candle, when her hair suddenly caught fire, and was almost entirely consumed. The scalp sloughed away, and even the bony structures suffered. The portion of bone presented consisted partly of the frontal, and partly of the right parietal bones. In one place, the dura mater was exposed. The patient made a good recovery.

Dr. R. W. SMITH was, by the courtesy of Dr. HENRY KENNEDY, enabled to exhibit an example of Cystic Disease of the Inferior Maxilla. The affection resulted from a violent blow, and occurred in a girl aged 12. When the tumour had attained a considerable size, its growth ceased for some time, until the patient was again struck violently on the affected jaw. The swelling now grew rapidly, and, after the lapse of four years from the first injury, Dr. Little, of Donegal, removed two-thirds of the lower jaw with complete success. As usually happens, a cartilaginous growth took the part of the bone, and the girl—now a woman—was able to speak as well as ever. The tumour afforded a good instance of a multilocular cyst, with fluid contents. The crepitating feel, described by Dupuytren as diagnostic, and almost pathognomonic of the disease, was present throughout.

SURGICAL SOCIETY OF IRELAND.

FRIDAY, APRIL 1ST.

RAWDON MACNAMARA, Esq., President in the Chair.

DR. QUINLAN presented a case of Amputation of the Leg, rendered necessary by the existence of Strumous Disease of the Ankle-joint. The affection was of seven years' standing, and had engaged all the neighbouring bony structures, the astragalus and the inferior extremities of the tibia and fibula being carious.

Dr. MAPOTHER read a paper on some of the forms of Metallic Poisoning. In the course of his communication he detailed cases illustrative of the toxic effects of lead, mercury, copper, and zinc, among tradesmen. In one instance of lead poisoning, a peculiar stammer, or psellismus, was observed. The marone gum-line discovered by Corrigan was present in the copper cases, one of which was due to the inhalation of Olympian green, a carbonate of copper, in painting Venetian blinds. The zinc was inhaled as oxide in brass foundries, and aguish symptoms were constant. In another case, mercurial symptoms followed the rubbing in of half a drachm of unguentum hydrargyri, for the killing of lice. It should be mentioned, however, that the patient was taking iodide of potassium at the time. Dr. Mapother was of opinion that all these metals entered the blood as *chlorides*, into which they were changed by the gastric juice, and that they spoiled the blood by coagulating the hæmatoglobulin. The loss of red cells explained the pale colour, local palsies, especially of the muscles least used, such as the extensors of the forearm and the abdominal muscles, the impairment of the senses, and the neuralgic pains of those poisoned. The coloured gum was probably due to the reduction of the chloride of the metal caused by the chemical rays of light, for it was never noticed round the molar teeth, which were not exposed to them. Blood restoratives, above all a milk diet, baths, and iodide of potassium, were urged as both curative and preventive agents. The use of a respirator, too, lined with cotton-wool and kept on by a piece of wood, which necessitated the closure of the mouth, was advised in some of the trades.

Dr. CORLEY communicated the particulars of a case of Croup, in which he had performed Tracheotomy with temporary success. The child was apparently moribund from asphyxia when the operation was performed, and the relief afforded was instantaneous and complete. After some time, all the distressing symptoms recurred, and the patient finally sank. On examination, the lungs were found quite healthy. Dr. Corley was inclined to think that tracheotomy was often deferred too long in cases of the kind just described.—An animated discussion followed the reading of the paper; and the balance of opinion was clearly against the performance of tracheotomy for croup, save under very exceptional circumstances.